

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)

George Thomas, DO

Mailing Address 590 Solon Rd

City

Bentleyville

State

OH

Zip Code

44022-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: 32077827

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

M. Terrance Simon, DO

Mailing Address 2300 Wales Ave NW

City

Massillon

State

OH

Zip Code

44646-2323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Associates
Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: 32077829

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Albert M. Salomon, DO

Mailing Address 765 N Hamilton Rd Ste 210

City

Gahanna

State

OH

Zip Code

43230-8703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: 32077832

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)